



Reply to Section: \_\_\_\_\_  
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## AFFIDAVIT OF MARRIAGE

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I DECLARE THAT THE INFORMATION BELOW IS TRUE AND CORRECT:

I AM UNABLE TO SECURE A COPY OF MY MARRIAGE CERTIFICATE.

TO RECEIVE HEALTH BENEFIT COVERAGE THROUGH THE PUBLIC EMPLOYEES' MEDICAL AND HOSPITAL CARE ACT PROGRAM, I CERTIFY THAT ON THE

\_\_\_\_ DAY OF \_\_\_\_\_, IN THE YEAR 19\_\_\_\_,  
(Day of Month) (Month)

IN THE STATE OF \_\_\_\_\_,

THAT I, \_\_\_\_\_, WAS LEGALLY AND  
(Please print name)

CEREMONIALLY MARRIED TO \_\_\_\_\_.  
(Spouse's Name)

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**SIGNATURE OF PRINCIPAL**

### ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of \_\_\_\_\_, county of \_\_\_\_\_,

on \_\_\_\_\_, before me, \_\_\_\_\_,

personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instruments the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.

\_\_\_\_\_  
**Signature of Notary Public**

(Seal)